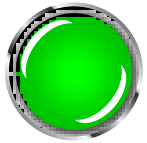
Board Integrated Performance Report

31st March 2016

February 2016 Data

1.1 CQC Compliance

1.2 Monitor Governance Rating



1.3 Monitor Sustainability and Performance Risk Rating

Minimum Requirement: 3

Agenda Item: 10

Lead Director: Director of Finance, Contracting and Facilities

Presented For: Discussion

The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indictors.

Board Action	Key Highlights	Slides
	Monitor	
Assurance	• All Monitor performance requirements for February 2016 have been met.	**4 - 6**
	Quality	
Exceptions	• One Duty of Candour incident was reported in February 2016. This concerned a pressure ulcer acquired by a patient on an adult mental health ward. The patient was also under the care of the district nursing service. The patient and family have been made aware that the incident is being investigated as a Duty of Candour incident. The Service Manager has met with the family of the patient and this is now being investigated as a Level 2 Serious Incident.	
	• Information Governance compliance has improved and is above target for substantive staff but remains below the 95% target for tertiary staff. Weekly updates have been requested from both Retinue and Taskmaster to monitor compliance. From the 1 April 2016 non-compliant tertiary staff will not be accepted for Trust bookings.	**11**
	• Labour Turnover has risen slightly and remains above the Trust target of 10%. The report outlines issues and actions relating to the retention of staff.	**13 & 14**
	• Sickness absence remains above the Trust's 4.0% target, although shows a reduction from last month. The report outlines issues and actions relating to responses to both long and short term absence.	**15 & 16**
Information	• Discussions have taken place between the Deputy Chief Executive, the Trust Secretary and managers from the Patient Experience and Involvement Team to review and assess the information presented to Board so that greater assurance about patient and service user experiences can be provided. From April 2016, a new set of information will be provided to Board Members. The new information set will enable comparison between the Directorates and provide trend data around the key areas of: treating people with dignity and respect; involving them in treatment and care plans, providing clear information about care and treatment; did the service user feel safe and did staff show kindness and compassion.	**21**
	Locality	
Information	• To address concerns around school nursing resource reductions and capacity and to optimise clinical time, guidance has been provided to avoid the unnecessary duplication of multiple school nurses attending a child protection conference where a family has children at different schools. In addition work has been undertaken to streamline the consent process which will create an opt-out model. The new approach will commence in September 2016. The newly formed immunisation team frees up additional capacity for school nurses.	

The purpose of this Integrated Performance Report is to assist the Board in assessing the Trust's performance and progress in delivery of a broad range of key targets and indictors.

Board Action	Key Highlights	Slides
Change Programme		
Information **Exceptions**	• Nine of the 15 'live' projects in the Change Programme remain on track and are rated green. Four are rated amber and two are rated red. • Intensive Therapy Centre (ITC) and Assessment and Treatment Unit (ATU) continue to be rated red, due to under performance against planned revenues. These projects were reviewed by Change Programme Board on 15 March 2016.	**25 - 26**
Finance		
Exception Update **Assurance** **Exception Update**	• Year to-date performance on all key indicators is rated green with the exception of cash which is rated amber as at 29 February. This reflects previously reported timing issues in relation to payments of provisions and temporary staffing liabilities, with the overall variance to plan standing at £1.2m adverse; a deterioration of £600k in month. A cash management action plan has been developed to bring the cash balances in line with plan by 31 March and the Trust is confident of recovering the position. • The Month 11 position reflects continued achievement of a Financial Sustainability Risk Rating of 4. • The achievement of ITC revenues remains challenging. The forecast for Month 11 assumes 1 new admission in March of this financial year . The aggregate projected plan shortfall is £1,020k, comprising a £669k operating loss and £351k unachievable CIP. The Trust remains on track to achieve the planned surplus however this deploys reserves in full and any further deterioration may require management action.	**27** **33** **34**

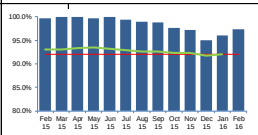
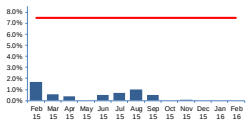
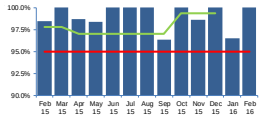
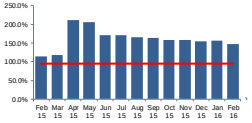
Summary and Recommendations

The integrated performance report shows strong performance, with achievement of the majority of indicators in February 2016. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place and did not identify any areas of particular concern.

The Board is recommended to:

- review and consider the exceptions highlighted and note the actions and mitigations.

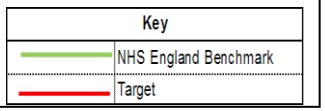
Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 Outturn	National Benchmark	Graph
M3	**RTT dental 18 weeks waits - incomplete pathways** (Number of patients who have waited 18 weeks or less/Number of patients waiting)	92.0%				96.0%	97.4%		225	231	97.4%	92.0% as of Jan 16 Next publication date: 14/04/16	
M4	Mental Health Delayed Transfers of Care	<=7.5%				0.0%	0.0%				0.0%		
M5	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams	95.0%				96.5%	100.0%		108	110	98.1%	99.4% as of Q3 15/16 Next publication date: April 2016	
M6	New psychosis cases by Early Intervention Teams	95.0%				155.7%	148.0%		299	202	148.0%		
M7	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	Reporting to begin in Q4											

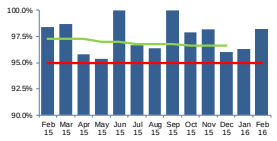
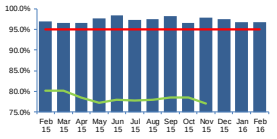
Indicator M3: Dental 18 week waiting time performance has increased this month to 97.4%.

Indicator M4: In February 2016, the delayed transfers of care including patients on Section 3 was 1.5% for the month and 0.7% for January and February 2016.

Indicator M7: From 1 April 2016, more than 50% of people with a first episode of psychosis are to be treated with a NICE-approved package of care within two weeks of referral. Whilst national commissioning guidance is still awaited, in February 2016 NHS England published guidance for reporting against the new waiting time standard for Early Intervention in Psychosis (EIP). This confirmed that reporting for the referral to treatment waiting time element of the standard will initially be from an interim national data collection but that the new Mental Health Services Data Set (MHSDS) enables collection, measurement and reporting of waiting times and will also include a mechanism by which NICE-approved interventions can be captured. Services will be also assessed as capable of providing a full package of NICE-recommended care by a quality improvement and assessment network, which will be phased in during 2016/17. Conclusion of 2016/17 contract negotiations with CCGs will confirm the level of additional recurrent funding to support achievement of the new EIP standard.



Monitor Indicators – 2015/2016

Indicator No.	Indicator	Target	Q1 Outturn	Q2 Outturn	Q3 Outturn	Jan	Feb	Mar	Q4 Numerator Outturn	Q4 Denominator Outturn	Q4 Outturn	National Benchmark	Graph
M8	CPA patients receiving follow-up contact within 7 days of discharge	95.0%				96.3%	98.2%		109	112	97.3%	96.6% as of Q3 15/16 Next publication date: April 2016	
M9	CPA patients having formal review within 12 months	95.0%				96.7%	96.8%		1729	1785	96.8%	77.1% as of Nov 15 Next publication date: To be confirmed	
M10	2.a. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	Q1 - 10% Q2 - 20% Q3 - 30% Q4 - 60%	52.6% Q1	69.1% Q2	78.0% as at Oct & Nov 2015							83.6% as at Nov 2015 Next publication date: 22/03/2016	
M11	2.b. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	Q1 - 50% Q2 - 60% Q3 - 70% Q4 - 80%	83.9% Q1	92.4% Q2	95.0% as at Oct & Nov 2015							96.4% as at Nov 2015 Next publication date: 22/03/2016	

Narrative:

Indicators M10 and M11*:* The new national waiting time standards for Improving Access to Psychological Therapies (IAPT) apply from 1 April 2016 and require that 75% of people are treated within 6 weeks of referral and 95% are treated within 18 weeks of referral. The 2015/16 quarterly targets are local trajectories agreed with commissioners to support national target compliance from 1 April 2016.

The Trust's performance has further increased and is now at or above the national targets. This incorporates the anticipated improvement from a nationally funded initiative to address a backlog of Bradford Districts patients waiting for second therapy sessions.

Key	
	NHS England Benchmark
	Target

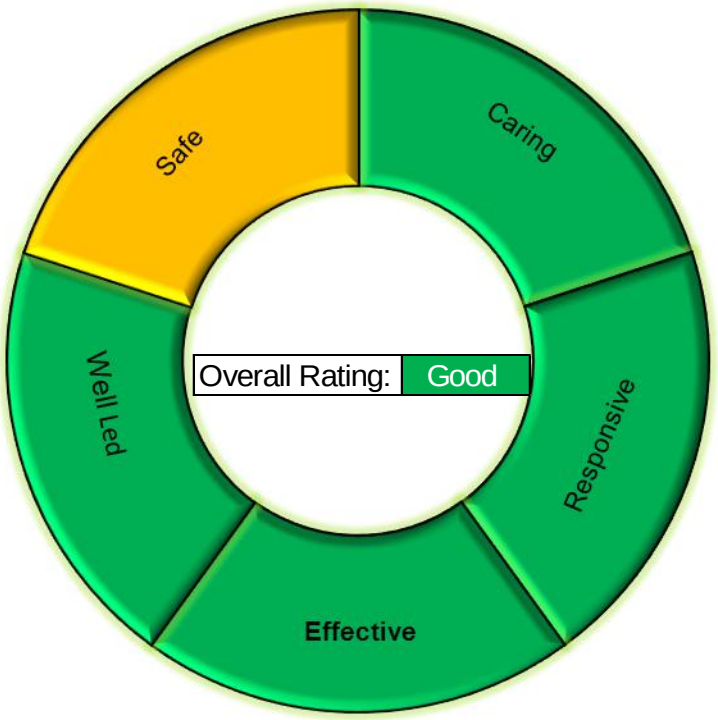
Monitor Indicators – 2015/2016

Indicator No.	Indicator	14/15 Outturn	Target	Q1	Q2	Q3	Jan	Feb	Mar	Q4	National Benchmark	Trend
M12	Access to health care for people with a learning disability		6 Green				6 Green	6 Green		6 Green		
M13	Data completeness Referral to treatment information		50.0%	65.3% (Q1)	64.2% Q2	65.0% Q3	Q4 Data available in April 2016					
M14	Data completeness Referral information		50.0%	92.6% (Q1)	91.9% Q2	92.9% Q3	Q4 Data available in April 2016					
M15	Data completeness treatment activity information		50.0%	99.2% (Q1)	99.7% Q2	99.7% Q3	Q4 Data available in April 2016					
M16	Data Completeness: identifiers (MHMDS Part 1)		97.0%				99.7%	99.6%		99.6%	99.4% as of Nov 2015	↓
M17	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%				81.2%	81.1%		81.1%		↓

Narrative:

Indicator M12: 'Access to health care for people with learning disabilities' has been reviewed as part of an on-going data assurance process. NHS foundation trusts are asked to certify annually that their organisation meets the six individual requirements. This has been signed off by the Deputy Director of Mental Health Acute and Community Services.

CQC Compliance, Period : Current Position (Indicator Number Q2)



Narrative:

This page provides more detailed information in relation to the Care Quality Commission (CQC) Compliance 'button' 1.3 on page 1 of the report. These ratings reflect the outcome of the CQC inspection of Trust services conducted in June 2014 and will remain unchanged until such time as the Trust receives the reports relating to the recent focussed inspection which took place on the 11 to 14 January 2016. A successful outcome could lead to the 'safe' domain being re-rated from amber (requires improvement) to green (good).

As noted in the last update, the self-assessment process against each of the five themes (Safe, Caring, Responsive, Effective and Well Led) continues and will conclude in March 2016 with findings included in the annual Board assurance report.

The most recent CQC Intelligent Monitoring report was published during February 2016 and indicates the following in terms of Trust performance against the set of 74 indicators: 71 'no risks', 0 'elevated risks', 3 'risks'. The 3 risk items are summarised as follows:

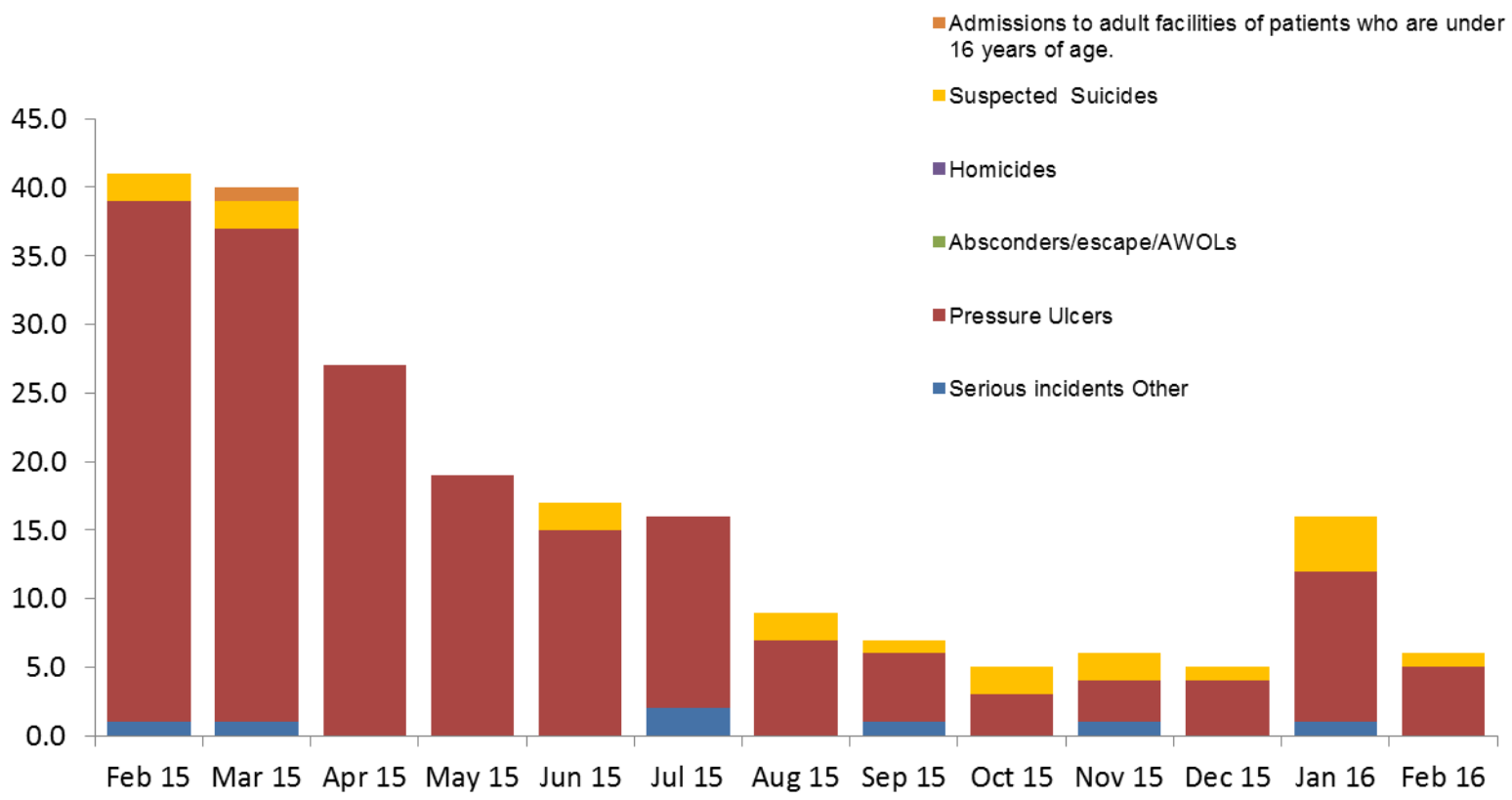
- People being offered Cognitive Behavioural Therapy (Source; National Audit of Schizophrenia)
- Occupancy ratio, looking at the average daily number of available and occupied consultant-led beds open overnight (Source; KH03 figures, quarterly data submission required by DoH)
- Proportion of discharged patients without a recorded crisis plan. (Source; Mental Health and Learning Disabilities Data Set).

This is an excellent position overall and services are aware of and responding to the 3 risk items.

Serious Incident Numbers, Period: Monthly & Year-to-date

Indicator No.	14/15 outturn	Febraury 2015 Performance	15/16 YTD
Q3	324	6	133

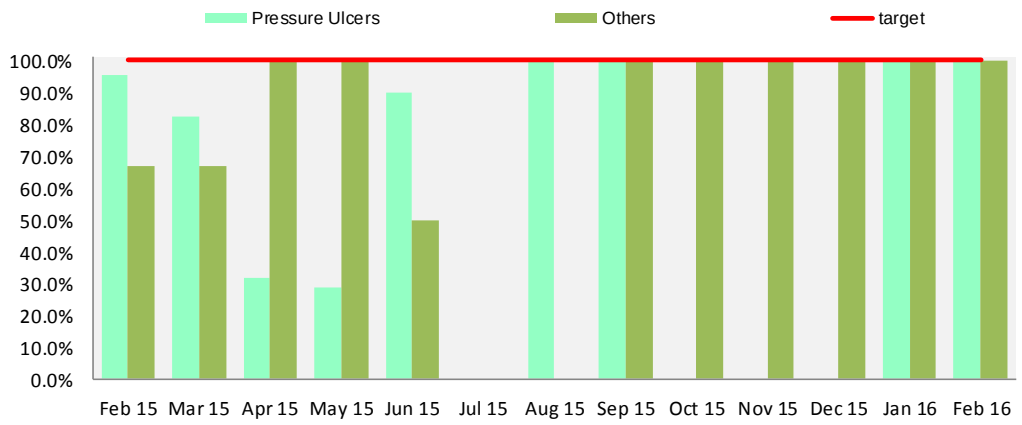
Narrative:
This data is monitored in more detail via the Quality and Safety Committee (QSC) on a quarterly basis



Serious Incident Reporting and Never Events

Indicator No.	Indicator	14/15 outturn	15/16 Target	February 2015 Performance			15/16 YTD	FOT 15/16
				No. Closed this month within target (Numerator)	Total number completed in month (Denominator)	Percentage completed in target time		
Q4(a)	Serious incident reports completed(Total): Q4(b) + Q4(c)	94.3%	100%	2	2	100.0%	45.8%	
Q4(b)	Serious incident reports completed (Pressure Ulcers)	100.0%	100%	0	0	100.0%	32.3%	
Q4(c)	Serious incident reports completed (all others causes)	75.0%	100%	2	2	100.0%	88.9%	
Indicator No.	**Indicator**	**14/15 outturn**	**15/16 Target**	**Number of Never events December 2015 Performance**			**15/16 YTD**	**FOT 15/16**
Q5	Never events	0	0	0			0	

Serious incident reporting timescales: Percentage of reports complted within target time

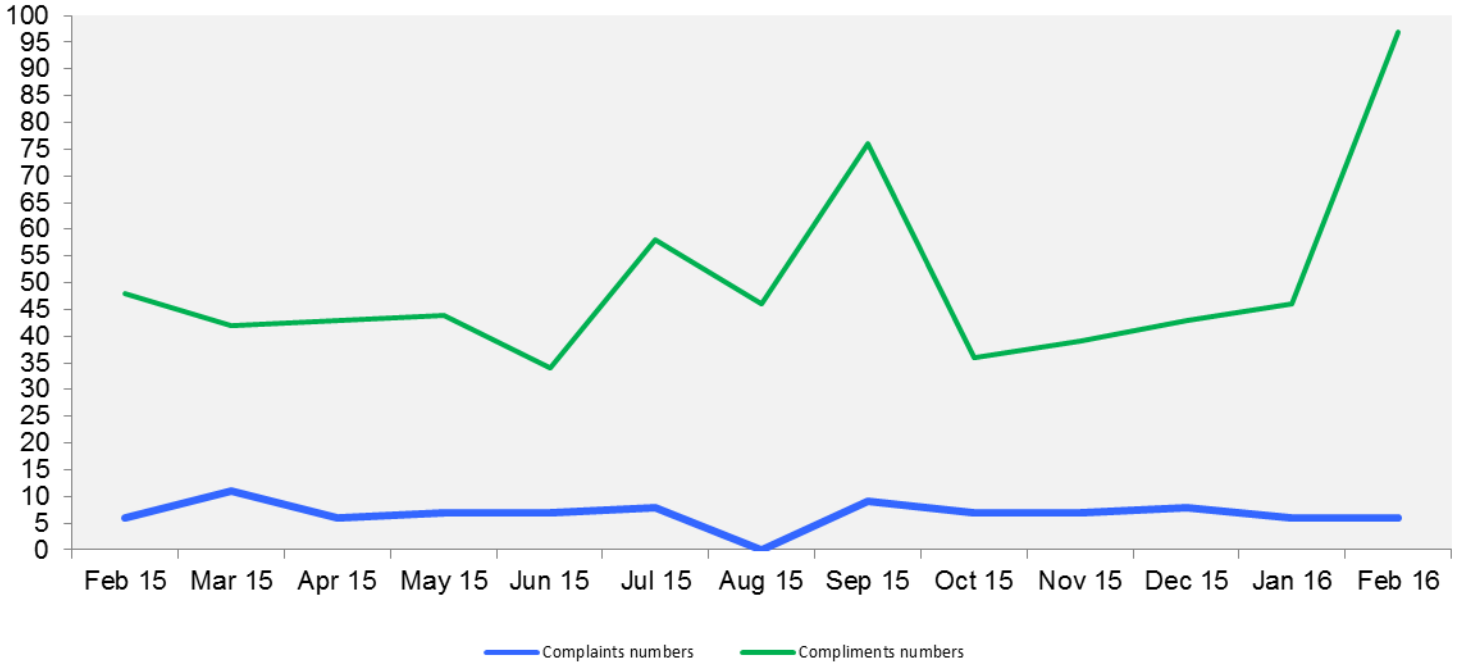


Narrative:

There were two Serious Incident reports completed in February 2016. Both were completed within the 12 week target.

Claims, Complaints and Compliments

Indicator Number	Indicator	14/15 outturn	15/16 Target	February 2016 Performance	15/16 YTD
Q6	Claims Numbers	13	N/A	3	8
Q8	Complaints numbers	100	N/A	6	71
Q9	Compliments numbers	451	N/A	97	562



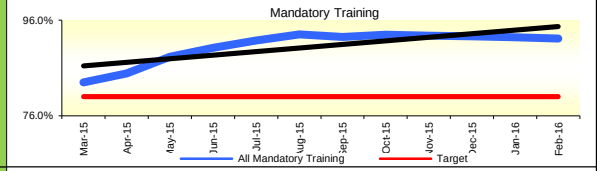
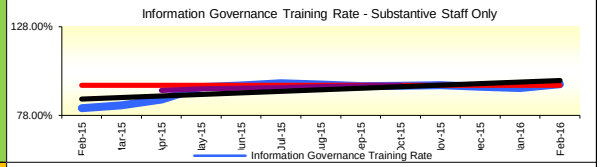
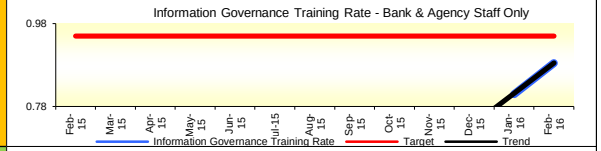
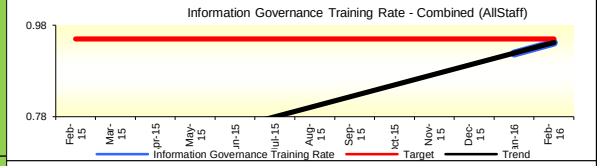
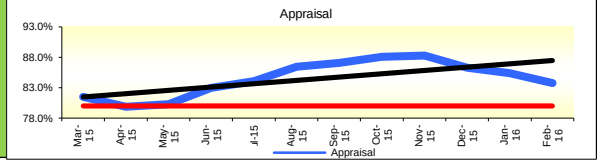
Narrative:

Indicator Q6: 3 claims were received this month, of which two were associated with alleged assaults on staff by service users.

Indicator Q8: 6 complaints were received this month, there was no pattern with regards to the distribution of the complaints.

Indicator Q9: Of 97 compliments received this month 72 relate to podiatry with the remainder evenly distributed across a number of services.

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Numerator	Denominator	Current Performance	FOT 15/16	Graph
Q17	% Mandatory training (excl. Information Governance Compliance)	82.7%	80.00%	9278	10067	92.16%		
Q17a	*% Information Governance Training - Substantive Staff Only*	*83.70%*	*95.00%*	*2401*	*2511*	*95.62%*		
Q17b	*% Information Governance Training - Tertiary Staff Only*	*-*	*95.00%*	*322*	*364*	*88.46%*		
Q17c	*% Information Governance Training - Substantive and Tertiary Staff Combined*	*-*	*95.00%*	*2723*	*2890*	*94.22%*		
Q18	% Staff Receiving Appraisal	81.50%	80.00%	2074	2476	83.76%		

Narrative:

Q17 - as part of a requirement for this year's IG Toolkit submission, the Board report now includes levels of information governance training compliance for our bank and agency staff as well as our substantive staff (Q17a, Q17b and Q17c above).

Q17a - Substantive staff compliance is 95.62%. 152 staff will go out of date in March and therefore compliance requires manager's on-going vigilance.

Q17b - Tertiary staff compliance of 88.5% comprises Taskmaster (at 99.24%) and Retinue (at 82.40%), representing an increase of 7.44% since January 2016. Both providers have acted to plan to significantly increase compliance with weekly updates requested by the Trust until the in-house staff bank goes live after 31st March. Providers have been advised that the Trust will not deploy tertiary staff who are non-compliant.

Workforce – Top 3 / Bottom 3 Service Areas - Mandatory Training

Information Governance

Current performance	95.62%
Change from the previous month	2.22%

Locality / Directorate	%	Change
Service Governance	100.00%	0.00%
Research & Development	100.00%	0.00%
Medical	100.00%	0.00%
Specialist Services & Nursing	94.64%	-0.09%
Commercial Directorate	94.00%	1.32%
Estates, Facilities & Finance	90.73%	-3.24%
Grand Total	**95.62%**	2.22%

Fire Safety

Current performance	92.32%
Change from the previous month	-1.73%

Locality / Directorate	%	Change
Medical	100.00%	0.00%
Human Resources	95.92%	2.04%
Service Governance	95.45%	-4.55%
Commercial Directorate	90.20%	-4.93%
Estates, Facilities & Finance	88.41%	-1.54%
Research & Development	83.33%	-16.67%
Grand Total	**92.32%**	**-1.73%**

Infection Prevention

Current performance	90.37%
Change from the previous month	-2.05%

Locality / Directorate	%	Change
Service Governance	100.00%	0.00%
Medical	100.00%	0.00%
Human Resources	100.00%	2.04%
Adult Physical Health Community Services	89.95%	-1.16%
Mental Health - Acute Inpatient and Community Serv	84.55%	-2.86%
Specialist Services & Nursing	83.93%	-5.55%
Grand Total	**90.37%**	**-2.05%**

Moving & Handling

Current performance	90.34%
Change from the previous month	0.61%

Locality / Directorate	%	Change
Human Resources	100.00%	0.00%
Research & Development	100.00%	0.00%
Specialist Services & Nursing	94.64%	-0.09%
Mental Health - Acute Inpatient and Community Se	86.85%	0.65%
Trust Management	85.71%	-3.76%
Medical	50.00%	0.00%
Grand Total	**90.34%**	**0.61%**

Appraisal

Current performance	83.76%
Change from the previous month	-1.61%

Locality / Directorate	%	Change
Service Governance	100.00%	21.74%
Human Resources	94.44%	1.85%
Specialist Inpatient Services, Dentistry and Administr	90.37%	0.79%
Research & Development	78.57%	0.00%
Childrens Directorate	77.68%	-1.72%
Trust Management	70.59%	-7.19%
Grand Total	**83.76%**	**-1.61%**

Areas highlighted in red are <u>not</u> currently in line with the Trust Targets

Narrative:

<u>Information Governance Training</u>

Eight service areas are now above the Trust target of 95%. Work continues to ensure the current level of improvement can be sustained. Reminders are issues alongside alerts to senior managers. In localities where compliance has slipped, the HR Business Partners are liaising with the head of operations to ensure the appropriate action is taken. HR Business Partners have cascaded the email link to managers to distribute to staff so that they can access the IG Training with ease.

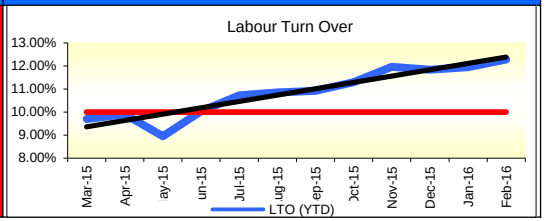
<u>Moving and Handling</u>

All service areas are above the Trust target of 80% except the medical directorate at 50%. This represents 2 staff members, both of whom will be undertaking the training shortly. (Medical staff are included in the data for the relevant operational area.)

<u>Appraisal</u>

Appraisal rates have dropped by 1.6% since January 2016. However looking across the financial year this is still a 3.9% increase since April 2015, with 4 of the 12 areas are showing an increase in figures from the previous month.

Workforce – Labour Turnover

Indicator No.	Indicator	14/15 outturn	15/16 Target	Numerator	Denominator	Current Performance	FOT 15/16	Graph
Q19	% Labour Turnover	9.7%	10.00%	309.00	2514.52	12.29%		

Narrative:
% Labour Turnover (LTO): LTO is calculated on a rolling 12 month basis and has risen by 0.34% to 12.29% compared to last month.

A total of 244.96 WTE leavers were recorded for the 12 months to February 2015 compared to 309.0 WTE for the 12 months to February 2016. This is an increase of 64.04 WTE (26%) leavers, which when aligned with the reduction in baseline numbers of staff over the same timeframe accounts for the significant increase in labour turnover from the previous 12 months figures. Benchmarking figures against similar organisations show that the Trust has an average level of turnover compared to current levels.

The next slide provides an analysis of the reasons staff have given for leaving. The top 3 reasons for the last 12 months are; Retirement (60.88 WTE or 18.5%), Relocation (59.25 WTE or 18.0%) and Work/Life Balance (34.47 WTE or 10.5%), with the number of leavers due to retirement consistent with the Trust's age profile. Reason codes for bank and agency cover are being reviewed and will also be included in monthly reports when the Staff Bank comes in-house from 1 April 2016. A new process is being developed to increase the numbers of staff who engage with the exit interview process so that the Trust can develop appropriate interventions to retain staff.

The next slide provides an initial analysis to identify the areas that account for highest numbers of leavers. More than 53% of leavers in the rolling 12 months are attributed to the 5 service areas listed. Those areas have also recorded high levels of sickness and show high volumes of recruitment activity over the last 12 months. The Trust is completing further analysis to review LTO alongside vacancy, sickness and temporary staffing levels. Further in depth investigation will continue, focusing on reasons for leaving, and will support discussion at monthly performance meetings, with team level data to be developed for Locality Performance dashboards for 2016/17.

Current actions to mitigate the increase in labour turnover include;
- Rolling recruitment adverts in hot spot areas to help ensure vacancies are filled as quickly as possible
- Developing an internal staff bank to help services to cover vacancies or absence
- Improving recruitment and retention by developing line managers using the Engaging Leaders programme and ongoing management development alongside an on-going investment in staff development and the well being agenda

Hotspot areas / Exceptions

Turnover percentage and leavers WTE per month - Mar 15 to Feb 16

Directorate	Service Area	Labour Turnover %	Leavers WTE
Specialist Inpatient	Specialist - Inpatient	22.47%	55.77
	453 Daisy Hill Intensive Therapy Centre -	22.75%	
	453 Step Forward Centre (113061)	31.65%	
	453 Dementia Assessment Unit - DAU (1	47.13%	
	453 Bracken Ward (OPMH) - (113600)	52.42%	
Adult Physical Health	Community Nursing	15.61%	50.84
	453 DN Team Haworth Surg (115008)	33.33%	
	453 DN Team Windhill MC (115027)	36.03%	
	453 DN Team Thornton Road (115039)	34.17%	
	453 DN Team Queensbury and Odsal (11	31.78%	
	453 DN Team Haigh Hall MC (115057)	37.85%	
	453 DN Team Moorside (115059)	44.14%	
MH Acute and Community	Acute - Inpatient	12.61%	31.03
	453 Oakburn Ward (AMH) (113005)	33.10%	
	453 Heather Ward (AMH) - (113009)	16.26%	
	453 Clover (PICU) (113010)	29.17%	
MH Acute and Community	IAPT	11.29%	13.79
	453 MH Primary Care Airedale (115232)	13.36%	
	453 MH Primary Care South - Psych The	17.85%	
MH Acute and Community	CMHT - Adult	10.51%	13.31
	453 Airewharfe CMHT Medical Staff (11	35.71%	
	453 South & West CMHT Medical Staff (1	26.32%	
	453 CMHT Community 7 (114040)	33.33%	
	453 CMHT Communities 8 &10 (113041)	23.82%	

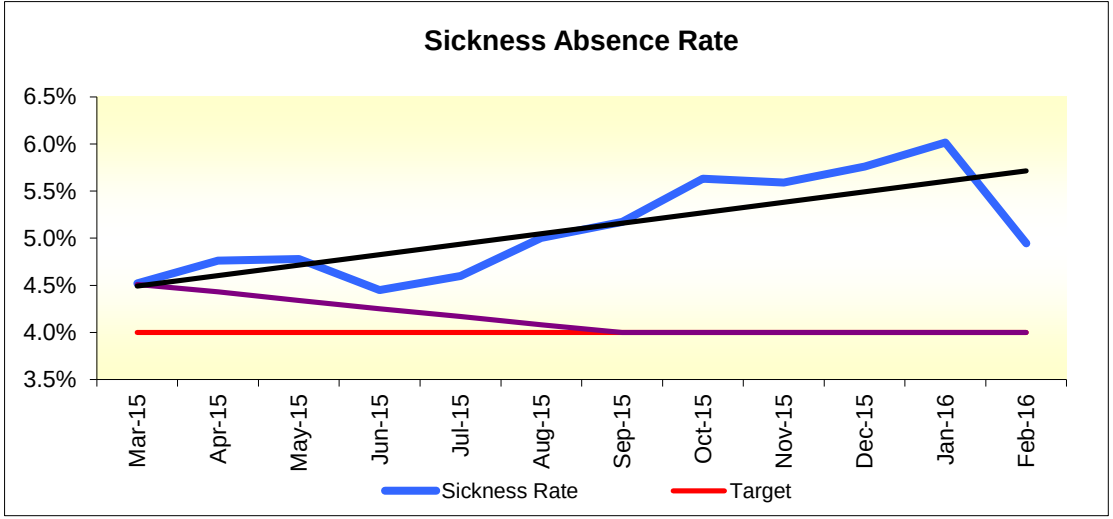
Hotspot area Leavers Total (WTE)	164.74
Trustwide Leavers Total (WTE)	309.00
% Hotspot area total against Trustwide total	53.31%

Reasons for leaving - 12 months (Mar 15 to Feb 16)

Reasons for Leaving	WTE	%
Retirement	60.88	19.70
VR - Relocation	59.25	19.17
VR - Other/Not Known	59.19	19.16
VR - Work Life Balance	34.47	11.15
VR - Promotion	28.51	9.23
Dismissal	14.23	4.60
End of Fixed Term Contract	14.08	4.56
VR - Better Reward Package	11.60	3.75
VR - To undertake further education or training	8.10	2.62
VR - Health	6.28	2.03
VR - Child Dependants	4.06	1.31
Death in Service	3.00	0.97
VR - Incompatible Working Relationships	2.40	0.78
VR - Lack of Opportunities	2.11	0.68
VR - Adult Dependants	0.85	0.28
	309.00	

Workforce

Indicator No.	Indicator	14/15 outturn	15/16 Target	Numerator	Denominator	Current Performance	15/16 YTD	FOT 15/16
Q20	% Sickness absence rate	4.8%	4%	3565.84	72118.98	4.94%	5.16%	



Bradford Factor Score Points	Previous Month	Current Month
Informal process: 20 - 99 points	414	424
Informal process: 100 - 299 points	122	120
Formal process: 300 points and above	61	71

Indicator No.	Indicator	14/15 outturn	15/16 Target	Numerator	Denominator	Current Performance	15/16 YTD	FOT 15/16
Q21	% Vacancy rate	5.8%	10%	186.42	2700.94	6.90%	6.90%	

Q20 – The sickness absence rate for February 2016 shows a reduction of 1.08% from the revised January figure of 6.02% (originally reported in last month's Board report as 5.60%, but has increased due to late input of absence information).

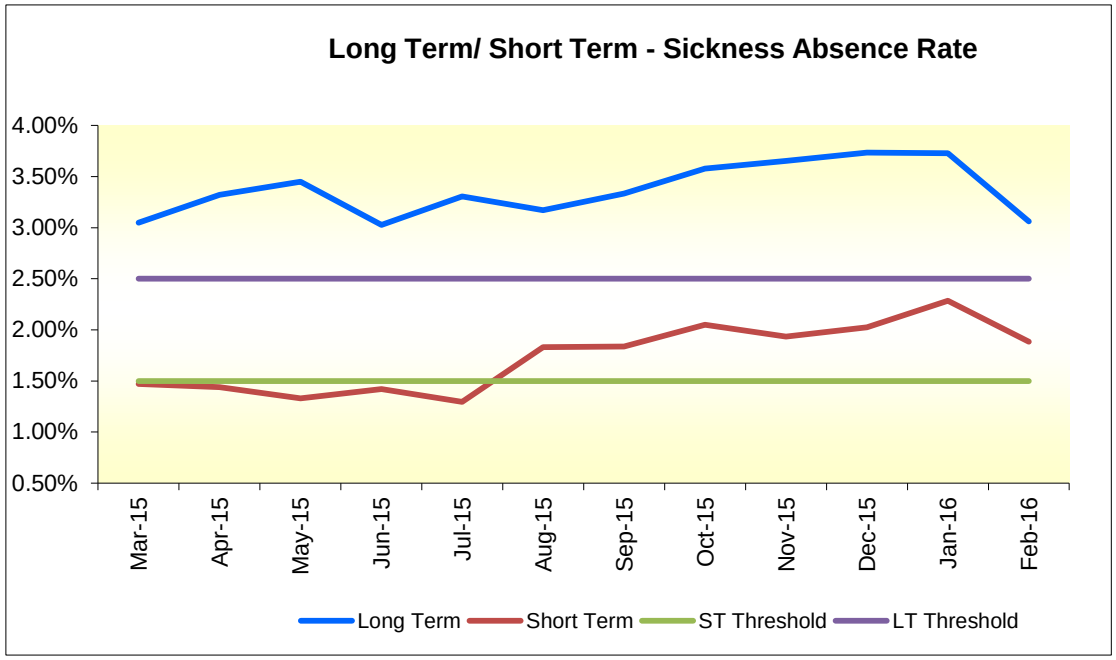
Long Term Absence: The number of cases has remained at 87, with stress and anxiety being the main cause. 5 previously reported life threatening cases have reduced to 3. 18.4% of long term absence is musculoskeletal/back related. There were 35 new referrals into the fast-track physiotherapy service in month. All long term cases are under active and robust management. HR Attendance Advisors provide support to managers and staff and further analysis is being undertaken to correlate sickness related to agile working to ensure support and prevention good practice is embedded.

Short Term Absence: The Bradford Factor Scores table shows an increase in short term absences and records the number of cases managed under each stage. Of 292 new episodes in February, 48.3% were either gastrointestinal (24.3%) or cold/flu (23.97%). 47 of those episodes remain open; 8.5% are musculoskeletal, 23.4% relate to stress/anxiety. Bradford Score data shows that cases are being managed through to capability review meetings (those with a score of 300+) in a timely manner.

Employee Health & Wellbeing have identified an increase in referrals; these are being processed in line with policy in a timely manner by managers.

Q21 – The current 6.9% vacancy rate equates to circa 186 WTE. Current recruitment activity remains highest across Inpatient and District Nursing. Large recruitment campaigns are underway for Inpatients to fill c.30 WTE vacancies (mainly Acute wards). An Inpatient Ward overtime scheme has been introduced and is complemented by recent recruitment to a peripatetic Relief Team. Both link to the new in-house Staff Bank and aim to reduce agency use / spend.

Workforce – Top 3 / Bottom 3 Service Areas - Sickness



Absence

Current performance	4.94%
Current YTD	5.16%
Change from the previous month	-1.07%

Locality / Directorate	%	Change
Medical	0.25%	0.12%
Service Governance	0.72%	-2.27%
Trust Management	2.37%	2.37%
Childrens Directorate	4.96%	-0.40%
Specialist Inpatient Services, Dentistry and Administr	4.96%	-2.19%
Mental Health - Acute Inpatient and Community Serv	5.84%	-0.75%
Grand Total	**4.94%**	**-1.07%**

Areas highlighted in red are <u>not</u> currently in line with the Trust Targets

Narrative:

<u>Children's Directorate</u>

Short term absence is 2.3% and long term 2.6%. Long term absence has increased, with 11 cases being actively managed. 1 case has been closed since January with 4 new cases now being monitored. 5 are stress related. 8 of 11 cases are within Health Visiting Services. The top 3 hot spot areas are all within Health Visiting (Ilkley, Silsden and Windhill teams) all recording over 18% in month, with short term sickness predominantly due to cold/flu, gastrointestinal or stress.

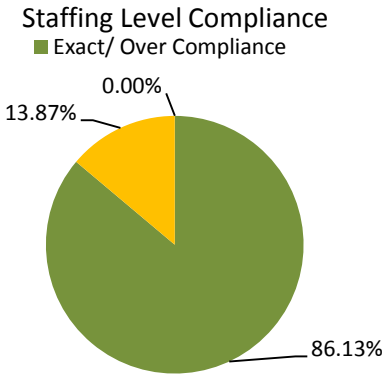
<u>Mental Health Acute Inpatient & Community Services</u>

Short term absence is 1.6% and long term absence 4.3%. Long term absence has increased, with 34 cases being actively managed. 11 cases have been closed since January with 12 new cases now being monitored. 19 are stress related and 2 are life threatening. 12 of 34 cases are within Inpatient – Acute Care Services. The top 3 hotspot comprise 2 areas within Community Mental Health and 1 within CAMHS; all record over 20% in month, with short term absence mainly cold/flu, gastrointestinal or stress related.

<u>Specialist Inpatient Services, Dentistry & Admin</u>

Short term absence is 2.3% and long term absence 2.7%. Long term absence has fallen, with 15 cases being actively managed. 11 cases have been closed since January with 8 new cases now being monitored. 7 are stress related, 5 are musculoskeletal and 1 case is life threatening. 9 of 15 cases are within Specialist Inpatient Services. The top 3 hotspot areas are the Dementia Assessment Unit, Bracken and Thornton Wards. All record over 7% in month, with short term sickness mainly cold/flu, gastrointestinal or stress related.

Q23a - Safer Staffing: Inpatient Services - February 2016



	No. shifts
Exact/ Over Compliance	2297
Under Compliance	370
Non Compliance	0

Narrative on data extracts regarding staffing levels on 13 wards during February 2016

Exact/over compliant shifts' -The overall percentage split between exact and over compliance shows that 29.0% of shifts were over compliant. This is an increase from last month of 1.16%. Over compliant shifts recorded in February were mainly attributed to the Acute wards, Dementia Assessment Unit (DAU), and Assessment and Treatment Unit (ATU), due to the acuity (complexity of need) of the ward and the requirement for skill mix within the units. Information gathered from the Safer Staffing tool, highlights 34% of all shifts worked were bank or agency filled and that 86% of these shifts were unregistered staff. The main requirement reasons for these staff are vacancy (49%) - current vacancies total 13.5wte Support Worker roles and 14.5wte Qualified Nursing roles across all wards (with the majority being across the Acute wards and Clover); and Observations/Specialing (33%) - DAU, ATU and Maplebeck showing the largest proportion in requirement for this in February .

'Under compliant' shifts *- Under compliance often highlights different skill mix within wards, whilst maintaining minimum levels of staff overall. A further variable is that due to ward occupancy levels a shift may not require the minimum level of staff.* Staff shortages due to sickness and vacancies on some wards have resulted in dependency on agency to fill a number of shifts. The number of Incident reports relating to staffing shortages has increased from January, from 27 to 43. 34 of these were for the Dementia Assessment Unit, 5 for Bracken ward, 2 for Clover, 1 for ATU and 1 for Oakburn. Reasons for submitting IREs include; Retinue not filling 32 of the shifts, 4 agency staff not turning up for booked shifts, 4 shifts being cancelled at short notice and 3 shifts due to sickness; resulting in extra pressure being put on existing staff. The wider issues are being addressed organisationally through the Trust introducing an overtime scheme, allowing 5 extra hours per week for substantive staff working within Inpatient services, and also recruiting to a peripatetic / relief team to fill urgent shift requirements. The internal Staff Bank is also being developed and will go live from 1st April 2016, with a new eRostering system having been procured which includes a Bank module that will provide real time information on required shifts to be filled and send SMS texts to bank workers to ensure more robust and leaner processes are introduced and embedded across the services.

'***Non-compliant shifts'*** - No shifts were recorded as non-compliant in February.

Risks:

- The inability to change the requirement baseline on a real time, shift by shift basis (linked to acuity levels on the wards) may result in data showing over compliance. Currently this is a manual intervention at the time of producing the monthly data.

Contingency/ Mitigating Actions:

- Roster review / risk assessment on a daily basis. EMT has reviewed the DAU staffing ratio and have increased this to 6:6:5.

- New eRostering system will allow baseline requirements to be electronically changed at ward level on a real time basis

Q23a - Safer Staffing: Inpatient Services – February 2016

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Ward name	Main 2 Specialties on each ward	Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Specialty 1	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Fern	710 - ADULT MENTAL ILLNESS	960	1080	780	615	539.4	483.6	539.4	585.9	112.5%	78.8%	89.7%	108.6%
Heather	710 - ADULT MENTAL ILLNESS	877.5	1162.5	862.5	960	269.7	399.9	809.1	725.4	132.5%	111.3%	148.3%	89.7%
Bracken	710 - ADULT MENTAL ILLNESS	885	1035	1290	1192.5	269.7	269.7	809.1	818.4	116.9%	92.4%	100.0%	101.1%
Ashbrook	710 - ADULT MENTAL ILLNESS	900	1012.5	1275	1042.5	269.7	279	809.1	809.1	112.5%	81.8%	103.4%	100.0%
Maplebeck	710 - ADULT MENTAL ILLNESS	870	930	1305	1860	269.7	362.7	567.3	1050.9	106.9%	142.5%	134.5%	185.2%
Oakburn	710 - ADULT MENTAL ILLNESS	900	1035	1260	1387.5	269.7	353.4	809.1	957.9	115.0%	110.1%	131.0%	118.4%
Baildon	710 - ADULT MENTAL ILLNESS	930	772.5	1020	975	269.7	325.5	539.4	483.6	83.1%	95.6%	120.7%	89.7%
Ilkley	710 - ADULT MENTAL ILLNESS	862.5	660	1042.5	937.5	269.7	279	530.1	520.8	76.5%	89.9%	103.4%	98.2%
Thornton	710 - ADULT MENTAL ILLNESS	967.5	1110	1207.5	1110	353.4	344.1	799.8	799.8	114.7%	91.9%	97.4%	100.0%
Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	870	847.5	2362.5	2340	279	316.2	1069.5	1023	97.4%	99.0%	113.3%	95.7%
Clover (PICU)	710 - ADULT MENTAL ILLNESS	780	832.5	1612.5	1530	288.3	306.9	1041.6	920.7	106.7%	94.9%	106.5%	88.4%
Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	480	652.5	585	480	269.7	269.7	269.7	306.9	135.9%	82.1%	100.0%	113.8%
Dementia Assessment Unit (DAU)	710 - ADULT MENTAL ILLNESS	870	930	2145	2415	269.7	558	1078.8	1404.3	106.9%	112.6%	206.9%	130.2%

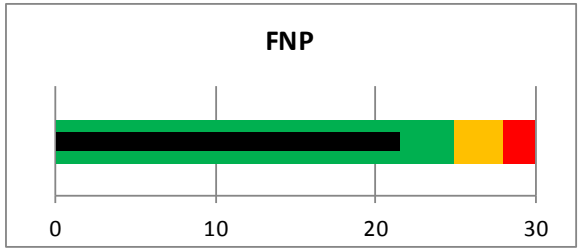
Q23b Staffing Ratio (Trends): Community Services

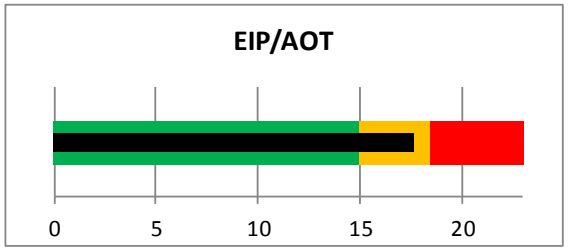
February		Actual												
Service Area	recommend ratio	Ratio of Clients to staff	Amber if greater than	Red if greater than	M	A	M	J	J	A	S	O	N	D	J	F
FNP	25:1	22	25	28												
Health Visitors	312:1	293	312	362												
School Nursing	1:1	2.75	1.00	1.25												
Special Need School Nursing	75:1	90	85	90												
EIP	15:1	18	15	18												
AOT	15:1	18	15	18												
Community Matrons	70:1	97	77	84												
Case Managers	70:1	67	77	84												
CMHT	35:1	31	33	35												
CAMHS	40:1	47	35	40												

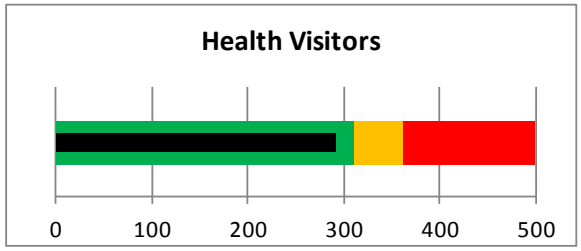
Recommended Ratios:

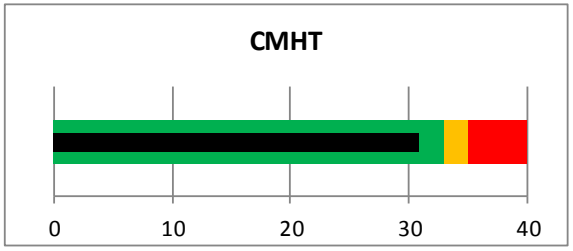
- The recommended ratio for FNP is based on the national licensing agreement. Health Visitors and School Nursing ratios reflect nationally recommended levels.
- For Health Visitors this is being further refined to take into account local deprivation indicators. A revised School Nursing ratio will be based upon pupil numbers and numbers of pupils in pre-determined priority support needs.
- Special Needs School Nursing does not have a national recommendation, and has therefore been set locally.
- EIP, AOT, CMHT and CAMHS ratios are based on national standards.
- Matrons and Case Managers ratios are based on Bradford & North Commissioning Alliance Service Delivery Plan
- There is no national recommended level for District Nursing, therefore a local measure is being set and further work undertaken.
- The Red, Amber Green thresholds are established locally by managers using their professional judgement

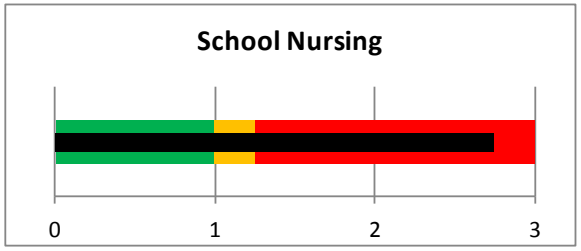
Q23b Staffing Ratio: Community Services

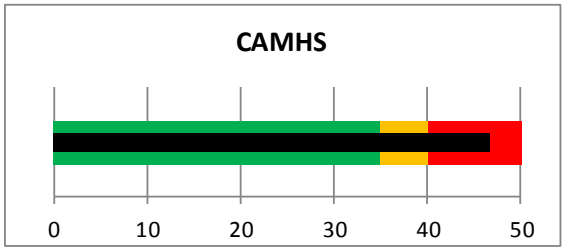


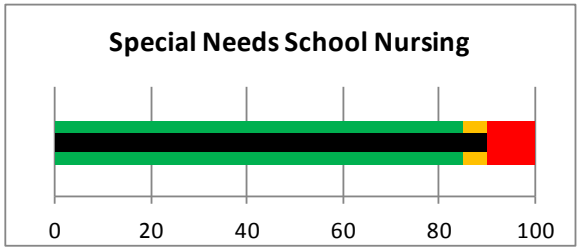


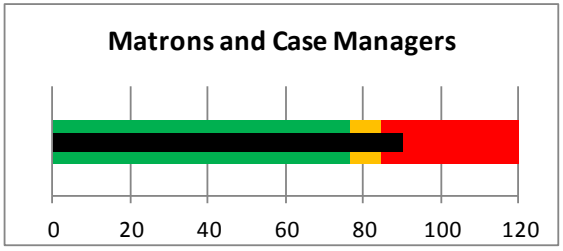












Deputy Director of Children's Services

School Nursing: Further to the agreement by the Trust Board the safer staffing ratio for School nursing will be developed based upon pupil numbers and priority needs. It is intended that the new school nurse ratio be used from the 1st April 2016

FNP: The current FNP recommended ratio of 25 clients to 1 FNP nurse will be re-considered as part of the re-design of this service over the next 6-12 months as part of the new FNP ADAPT model. Board will be appraised of any changes and potential impact.

Health Visitors: Remains green – no concerns

Deputy Director of Mental Health Acute & Community

EIP and AOT teams are using agency staff to cover shortfalls and to manage increased client numbers. The team is looking to evaluate options to backfill a long term sick post. A new starter joins on the 12th march 2016

CMHT: Continues to be green with no undue concerns

CAMHS are currently undertaking a recruitment exercise with new starter due in March 2016. in the meantime, to mitigate risk, staff groups that once would have not held 'keyworker' responsibilities now provide cover. This has created internal waiting lists for therapeutic work thus creating 'bottle necks' and delays in moving young people through their care journey. The forthcoming CAMHS transformation agenda will allow further development of the safer staffing analysis.

Deputy Director of Adults Community Physical Health

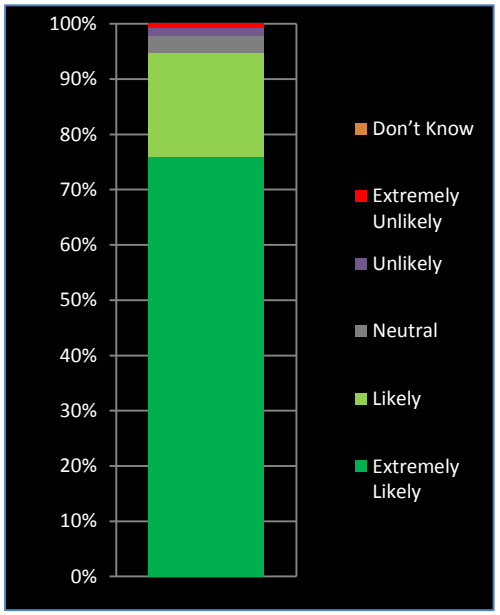
Matrons and Case Managers: In the short term, to mitigate risks the workload is being shared across the team. The figures are skewed by the work style in the S&W which is concentrated on care homes.

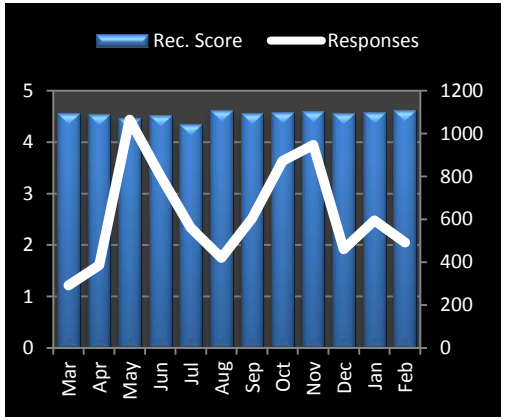
District Nursing: In the absence of any national indicator work is being under taken to develop a safer staffing indicator for district nursing. This work will also consider where possible benchmarking against other District Nursing providers. Once this work has been completed the information will be provided to Board so that Board members might consider its inclusion in the dashboard

Q26 - Friends and Family Test: Would you recommend our service?

February 2016	Number Of responses	Extremely Likely	Likely	Neutral	Unlikely	Extremely Unlikely	Don't know
The Trust Number of respondents	**492**	**364**	**98**	**16**	**7**	**4**	**3**
Percentage of all respondents		73.98%	19.92%	3.25%	1.42%	0.81%	
Community Health (number)	**340**	**258**	**65**	**10**	**3**	**1**	**3**
Community Nursing Services	42	90.48%	7.14%	0.00%	2.38%	0.00%	
Rehabilitation & Therapy	7	100.00%	0.00%	0.00%	0.00%	0.00%	
Specialist Services	122	74.59%	18.03%	5.74%	0.82%	0.82%	
Children & Family Services	169	72.19%	23.67%	1.78%	0.59%	0.00%	
Community Health Other	0	00.00%	00.00%	00.00%	00.00%	00.00%	
Mental Health (number)	**148**	**104**	**31**	**6**	**4**	**3**	**0**
Primary Care	2	50.00%	0.00%	50.00%	0.00%	0.00%	
Secondary Care Community	48	64.58%	22.92%	4.17%	4.17%	4.17%	
Acute services	49	57.14%	30.61%	6.12%	4.08%	2.04%	
Specialist Services	4	100.00%	0.00%	0.00%	0.00%	0.00%	
CAMHS	0	00.00%	00.00%	00.00%	00.00%	00.00%	
Other	45	88.89%	11.11%	0.00%	0.00%	0.00%	
Not specified	**4**	**2**	**2**	**0**	**0**	**0**	**0**
Not specified	4	50.00%	50.00%	0.00%	0.00%	0.00%	

Community Health Other includes the Housing for Health Services
Community Health Specialist Services includes Dental Services, COPD, Continence, Podiatry, Pressure Ulcer Teams …
Mental Health Other includes Learning Disability Services



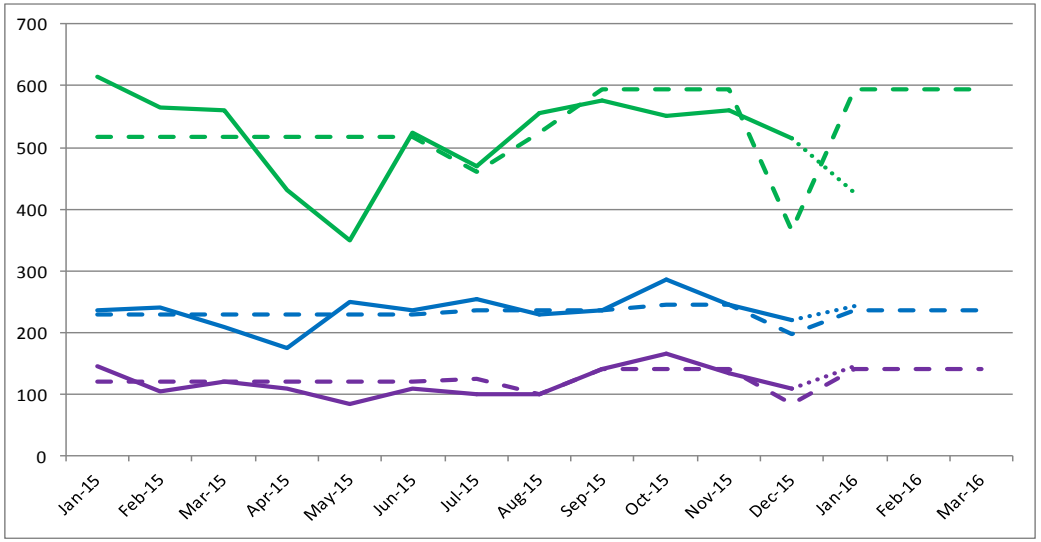


Average Recommendation Score

Quality Assurance

Indicator Number	Target	Target met this month
Q7	Meet Central Alert System (CAS) timelines	Y
Q10	No MRSA bacteraemia cases	Y
Q11	No Methicillin sensitive staphylococcus aureus (MSSA) bacteraemia cases	Y
Q12	No Clostridium difficile (C.diff) cases	Y
Q15	Meet nationally mandated Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16 (details provided in January 2016 report, 98.5% overall performance now predicted)	N
Q15	Meet CCG local Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16	Y
Q16	Meet NHS England Commissioning for Quality and Innovation (CQUINs) – Forecast 2015/16	Y
Q32	No Complaints to Information Commissioners Office (ICO)	Y
Q33	No Information Governance Serious Incidents (STEIS)	Y
Q34	Maintain Mixed sex accommodation status	Y
Q35	Meet Dental Referral To Treatment within 52 weeks	Y
Q36	Meet IAPT Recovery rate (see slides 23 & 24 for further detail)	N
Q37	Maintain Publication of the Formulary on Provider's website	Y
Q38	No duty of candour incidents – One incident in February 2016 (see slide 2)	N

Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16
Number of people who have depression and/or anxiety disorders who receive psychological therapies



Updated date: 22/3/16
Updated reason: HSCIC December data published

	Nov-15	Dec-15	Jan-16
Trajectory AWC	245	197	235
Final AWC	245	220	242
Trajectory District	595	365	595
Final District	560	515	427
Trajectory City	140	85	140
Final City	135	110	146

Note. January performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following HSCIC processing.

Narrative:

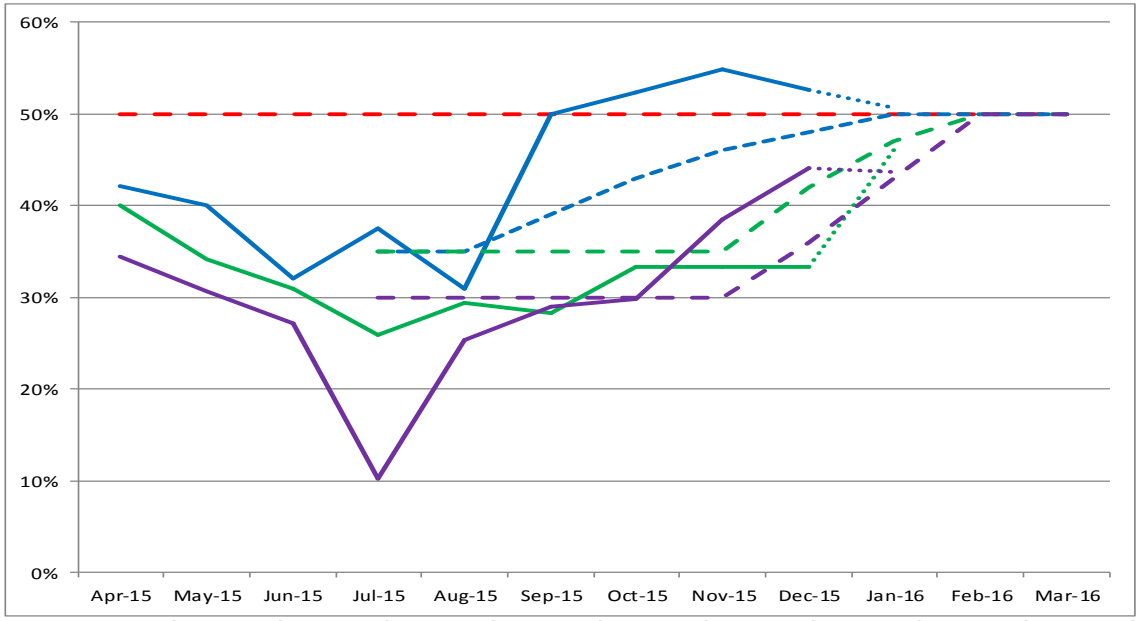
The Trust agreed a remedial action plan with commissioners for the two IAPT 2015/16 contractual targets: access (number of people who receive psychological therapies) and recovery rate. The financial consequence is that CCGs will withhold £17.5k per target against under performance of the agreed trajectories. Failure to meet the agreed position by December 2015 (for numbers accessing IAPT) or February 2016 (for recovery rate) would result in the retention of any withheld monies.

The Health and Social Care Information Centre (HSCIC) nationally published data for December 2015 confirms that the Trust has exceeded the December 2015 trajectory target for the number of people who begin psychological therapy for all three CCGs. This means that CCGs will not retain the £105k withheld monies for the period July 2015 to December 2015.

There is a short-term risk during February to April 2016 of reduced numbers entering therapy as we introduce a more clinical robust self-referral system. This may temporarily reduce numbers of people self-referring as we suspend advertising the service.

Improving Access to Psychological Therapies (IAPT) Indicators – 2015/16

IAPT Recovery Rate: Increase in number of people who have completed treatment within the reporting quarter having attended at least two treatment sessions and are moving to recovery



Updated date: 22/3/16
Updated reason: HSCIC December data published

	Nov-15	Dec-15	Jan-16
Trajectory AWC	46%	48%	50%
Final AWC	55%	53%	51%
Trajectory District	35%	42%	47%
Final District	33%	33%	46%
Trajectory City	30%	36%	43%
Final City	39%	44%	44%

Note. January performance (dotted line) is provisional, pre-publication, data from HSCIC. Final published data may vary slightly following HSCIC processing.

Narrative:

Regular reporting on recovery (using clinical measures) within treatment sessions and through caseload management/clinical supervision, has begun to improve clinical effectiveness, reflected in improved rates.

Published data for December 2015 and provisional data (based on local forecast data) for January 2016 shows that the Trust has exceeded the December 2015 and January 2016 trajectory targets for the number of people moving to recovery for AWC and City CCGs. Districts CCG fell below trajectory target for December 2015, which we anticipated due to a significant number of people discharged in December 2015 who had not achieved recovery due to the complexity of their difficulties. Application of correct clinical severity thresholds for the service will reduce the likelihood of this in the future, as people with complex difficulties are 'stepped up' to our psychological therapies hub for longer term treatments. Districts CCG recovery rate showed a significant improvement for January 2016. However achievement of the 50% target in all three CCGs in February 2016 remains challenging.

Programme summary: 2015/16

The pages that follow represent the significant indicators from a range of projects.

These projects are contained within the five programmes which form the basis of the Trust's strategy as set out in the Integrated Business Plan. The five programmes are:

1. Achieving integrated community health care
2. Meeting the need for 24/7 adult and older people's mental health care
3. Extending the in-patient care portfolio
4. Developing new services to enhance care pathways
5. Enabling strategic change

There are currently 15 projects across the five programmes being monitored by the Change Programme Board during 2015/16.

In March 2016, 9 of the projects are progressing to plan and are rated Green. 4 projects are rated Amber with actions and mitigation in place to manage the risks and issues. 2 projects were Red rated given the risk of their CIPs not achieving.

The chart overleaf provides the accumulative RAG summary for these projects for the most recent four months.

Scheme RAG Summary

Project Name	Project Status	Dec 2015 RAG	Jan 2016 RAG	Feb 2016 RAG	Mar 2016 RAG	Actions Planned in next Month
Adult Community Nursing	Monitoring/closure	G	G	G	G	
Children & Families	Monitoring/closure	G	G	G	G	
Agile working - staffing	Delivery	A	A	A	A	1. Sign off, publish and begin implementation of updated Agile PID with reduced work plan. Communicate/cascade agile strategy and resource implementation of Phase 2 2. Finalise agile dependency roadmap to incorporate business as Usual key activities as per Phase 2 3. Agile Phase 2 mandates and delivery plans for consideration at the Technology Board for alignment of programme plans 4. Review QIA and performance indicators 5. Continue connectivity problem testing and resolution 6. Complete training needs analysis and plan for delivery following agile IT skills audit
Adult Mental Health - Acute Care Pathway	Delivery	G	G	G	G	Revision to project plans, PID and scope of Mental Health Project based on CPB decision around proposal to widen the scope of AMH Acute Care Pathway. Write closure report for existing AMH Acute Care Pathway if scope changes are agreed. Further work to plan how changes to operational structure will affect MH services.
Dementia Assessment Unit	Monitoring/closure	G	G	G	G	
Intensive Therapy Centre 1	Delivery	R	R	R	R	Ongoing marketing nationally
Learning Disabilities ATU	Delivery	R	R	R	R	Scheme closure agreed and report being prepared with recommendations
PICU - New Opportunity	Monitoring/closure	G	G	G	G	
Information Management & Technology (IM&T) Strategy implementation	Delivery	A	A	A	A	CSU Exit (Dental): Transition into BAU Support. Telephony Refresh: Implement identified and approved changes. Telephony Strategy: Prepare financial and feature set report for Technology Board. CSU Exit (Telephony): Continue to map out all lines, invoices, location, clinical or corporate service and cost centres. CSU Exit (Mobiles): Supply new O2 handsets to all staff still on EE/T-Mobile contracts. Technology Board and Informatics Steering Group: Combined 2016/17 capital & revenue plan approved by EMT / Board.
Review of functions - A. back office 2015-16	Monitoring/closure	G	G	G	G	
Admin Services Project	Monitoring/closure	G	G	G	G	
Bank & agency reductions	Delivery	A	A	A	A	Exit strategy to be completed for Retinue. PID revision to reflect changes in scope. Continue monitoring of Trust wide vacancy and sickness rates. Managing violence and aggression training for Bank and Agency staff - on-going. Monthly case review meeting for sickness - on-going. Procurement process for Nurse and Healthcare commenced.
Bank & agency reductions - trustwide sickness	Monitoring/closure	G	G	G	G	
Procurement	Monitoring/closure	G	G	G	G	
Care Pathways, Packages and Payments by Results (CPPP)	Delivery	A	A	A	A	Ongoing work to resolve the issue of expired clusters / general data quality issues, including continued focus on the issues mentioned above around the remaining 'hard to reach' cohort. Develop Data Quality Plan. Post March 8th workshop to deliver metrics agreement for 2 tariffs by CCG year of care episodes different metric. Amend CPPP action plan to include actions needed to allow the 2016/17 national contract to be delivered (Capitated Payment or Episodic Payment, as agreed with commissioners) and also to embed clustering sustainability.

Executive Summary

Proposed Board RAG Rating	Year to Date	Forecast 2015/16	Commentary
Statement of Comprehensive Income (SoCI)			A surplus of £1,139k for the year to date, which is £2k ahead of plan. The forecast excludes the overage for the recently disposed Moor Lane Site following a discussion of accounting treatment with External Audit. This benefit was anticipated to have mitigated for Public Health grant risks previously elevated as a concern. The revised forecast for 2015/16 is that the required surplus will be maintained although this has proved increasingly challenging.
Statement of Financial Position (SoFP)			Current assets, which includes receivables, accruals and prepayments are £5.3m more than plan. Current liabilities are £3.8m greater than plan. Forecast to deliver plan but with financial risks identified for cash flows resulting from reductions in forecast income for ITC and debtor payment delays.
Statement of Cash Flows (SoCF)			A cash flow position currently £1.2m below plan due to a number of in-year phasing issues. The forecast is to achieve the planned cash balance for 2015/16 supported by a detailed cash management action plan that will target commissioner income to mitigate the current shortfall.
Financial Sustainability Risk Rating (FSRR)			Achievement of a Financial Sustainability Risk Rating (FSRR) of 4. Risks and mitigation plans identified.
Cost Improvement Programmes (CIPs)			YTD delivery of £6,291k CIPs against a net plan of £5,832k. Forecast FYE delivery is £6,877k. This will represent over-achievement of £501k or 8% against plan. Substitution schemes have delivered an additional £360k to offset the slippage from ITC and ATU schemes.
Capital Expenditure			Capital under spending of £165k is driven by flow through items and plan phasing. CPIG meetings continue to monitor forecast to ensure achievement of the projected position.

Statement of Comprehensive Income

£000's	Year to Date			YTD RAG	Q4 In Quarter Forecast			Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	Plan	Actual	Variance	
Operating income (inc in EBITDA)											
NHS Clinical income	(99,325)	(99,669)	344		(26,321)	(26,765)	443	(108,066)	(108,778)	711	
Non-NHS Clinical income	(12,997)	(12,917)	(80)		(4,920)	(4,937)	16	(14,673)	(14,597)	(76)	
Non-Clinical income	(7,170)	(9,299)	2,130		(1,836)	(2,578)	741	(7,778)	(10,151)	2,373	
Total	**(119,492)**	**(121,885)**	**2,394**		**(33,078)**	**(34,279)**	**1,201**	**(130,517)**	**(133,525)**	**3,008**	
Operating expenses (inc in EBITDA)											
Employee expense	94,062	94,975	(913)		25,665	26,529	(863)	101,951	104,008	(2,057)	
Non-Pay expense	19,732	21,115	(1,383)		5,499	5,767	(268)	22,234	23,026	(792)	
PFI / LIFT expense	184	184	0		50	50	0	199	199	0	
Total	**113,978**	**116,273**	**(2,296)**		**31,214**	**32,346**	**(1,132)**	**124,384**	**127,234**	**(2,849)**	
EBITDA	**(5,514)**	**(5,612)**	**98**		**(1,864)**	**(1,933)**	**69**	**(6,133)**	**(6,292)**	**159**	
EBITDA Margin %	**4.61%**	**4.60%**			**5.63%**	**5.64%**		**4.70%**	**0**		
Operating expenses (exc from EBITDA)											
Depreciation & Amortisation	3,066	3,130	(64)		869	917	(48)	3,355	3,477	(122)	
Impairment (Losses) / Reversals	0	0	0		0	0	0	0	0	0	
Restructuring costs	0	0	0		0	0	0	0	0	0	
Total	**3,066**	**3,130**	**(64)**		**869**	**917**	**(48)**	**3,355**	**3,477**	**(122)**	
Non-operating income											
Finance income	(59)	(40)	(18)		(16)	(9)	(7)	(64)	(44)	(20)	
Gain / (Losses) on asset disposals	0	0	0		0	0	0	0	0	0	
Total	**(59)**	**(40)**	**(18)**		**(16)**	**(9)**	**(7)**	**(64)**	**(44)**	**(20)**	
Non-operating expenses											
Interest expense (PFI / LIFT)	145	160	(15)		40	44	(4)	158	175	(17)	
PDC expense	1,224	1,224	1		334	334	(0)	1,335	1,335	(0)	
Other finance costs	0	0	0		0	0	0	0	0	0	
Total	**1,370**	**1,384**	**(14)**		**373**	**378**	**(4)**	**1,493**	**1,510**	**(17)**	
(Surplus) / Deficit after tax	**(1,137)**	**(1,139)**	**2**		**(638)**	**(648)**	**11**	**(1,349)**	**(1,348)**	**(1)**	

Statement of Comprehensive Income			
Area Impacted	**Risk**	**Mitigation**	**Area Impacted**
NHS Clinical Income	ITC-Under recovery of Intensive Therapy Centre revenue with 9 admissions to date generating income of £456k against a plan of £1,387k as at end of February. Forecast income has seen slight increase due to new admissions Month 11. The forecast assumes 1 additional admission by 31st March and aggregate revenues of £569k against plan of £1,589k.	A revised marketing plan has been developed and activities are underway. For every additional client the Trust would generate income of £18k per complete month. Additional interest has generated 2 admissions in February and initial interest in a potential further admission from Manchester in March. To provide further mitigation the Trust deployed staff in post to other inpatient areas to reduce the need for temporary staffing. Further financial mitigations include not backfilling maternity leave.	**NHS Clinical Income**
	ATU-EMT made the decision to close the extra 4 beds on the 10th March. The forecast outturn position is nil income with forecast variance of £308k.		**NHS Clinical Income**
	The likely achievement for CQUINs has been re-assessed by the CQUIN Leads at 98.5% against planned achievement of 95%. The income associated with the CQUIN unachieved is £37k and relates to Cardio Metabolic Assessment and Treatment for Patients with Psychoses – Inpatients.		**NHS Clinical Income**
Non Clinical Income	NHS Property Services De-Commissioning - NHS Property Services withdrew from Housekeeping contracts with effect from mid September. Notice was served on residual provision from December meaning the Trust needs to mitigate NHS PS overhead contributions (£34k quarterly, £136k full year).	NHS PS advised that the contract will be extended to 31 March 2016 so the overhead impact has been deferred into 2016/17. The overhead impact to the Trust is approximately £34k per quarter. The Deputy Director of Estates has drafted a full 2016/17 mitigation plan.	**Non Clinical Income**

Statement of Comprehensive Income

Area Impacted	Risk	Mitigation	Area Impacted
Employee Expenses	**Admin Hubs pressures** from manning receptions within shared properties and use of temporary staff due to sickness and vacancies.	Following meetings with NHS Property Services, BDCFT recharged reception costs to other tenants and invoiced NHS Property Services for the cost of delivering property management services on their behalf. NHS PS did not wish these services to continue from November and made alternative arrangements. A scoping exercise is underway to understand options to manage residual BDCFT reception pressures. A pressure has been recognised in the 2016/17 draft financial plan.	**Non Clinical Income**
	IM&T pressures rose to £598k at month 11 following the exit by the Trust from CSU IM&T contracts. No staff were TUPE transferred and agency staff are currently being used to support delivery pending recruitment to a stabilisation plan.	Whilst non recurrent pay pressures have been incurred to month 11, these are expected to be addressed through structural changes and mitigation plans are in place to ensure the forecast overspend is reduced to the level identified with Trust reserves for the IM&T strategy.	**Employee expenses**
	Managing Nurse agency staff costs below 4% of total nursing pay costs (Monitor cap). The current nursing temporary staffing costs represent 2.09% of total nursing pay costs in the month, a decrease of 0.21% from month 10.	Internal nurse staff bank, peripatetic inpatient staff and limited overtime options are being introduced to support the Trust to achieve the 4% cap and a lower 3% cap from 1 April. Weekly reporting to Monitor on agency cap breaches is active with 19 clinical and 13 non clinical assignments in breach of the cap declared at the end of February. Staff paid over the monitor cap, are being actively monitored to ensure that end dates are negotiated where safe to do so. The monitor agency cap has reduced in February for clinical staff and again in March. In April 2016 no member of staff (clinical or non-clinical) should be paid more than 55% over the substantive rates.	**Employee expenses**
Non Pay Expenses	**Continence product pressures** have continued despite increased funding over successive financial years. There has been an increase in product volumes due to an increase in patients, representing an additional £106k product cost (full year).	A rebate was received in relation to education activities whilst some products have been recharged to the CCG. Further mitigation of approximately £30k will be required from under spending elsewhere and/or offset against Trust contingency reserves. The cost pressure has been recognised in the 2016/17 draft financial plan.	**Non Pay Expenses**

Statement of Financial Position

£000's	Year to Date			YTD RAG	Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Non-current Assets								
Property, Plant & Equipment	49,704	49,488	216		49,445	49,445	0	
On-balance sheet PFI	4,253	4,253	0		4,218	4,218	0	
Total	**53,957**	**53,741**	**216**		**53,663**	**53,663**		
Current Assets								
Cash and cash equivalents	15,244	13,993	1,251		16,591	16,591	0	
Other current assets	4,688	10,055	(5,367)		5,318	5,318	0	
Total	**19,932**	**24,048**	**(4,116)**		**21,909**	**21,909**		
Current Liabilities								
PFI / LIFT leases	(343)	(322)	(21)		(343)	(343)	0	
Other current liabilities	(12,548)	(16,417)	3,869		(14,022)	(14,022)	0	
Total	**(12,891)**	**(16,739)**	**3,848**		**(14,365)**	**(14,365)**		
Non-current Liabilities								
PFI / LIFT leases	(3,061)	(3,114)	53		(3,061)	(3,061)	0	
Other non-current liabilities	(553)	(553)	(0)		(553)	(553)	0	
Total	**(3,614)**	**(3,667)**	**53**		**(3,614)**	**(3,614)**	**0**	
Total Assets Employed	**57,384**	**57,383**	**1**		**57,593**	**57,593**	**0**	
Reserves	**57,384**	**57,383**	**1**		**57,593**	**57,593**	**0**	

Key Risks

The 2015 Monitor consultation on proposed changes to financial sustainability risk ratings could have meant that the Trust was exposed to potential capital expenditure variance risk should phasing in year deviate from plan. However Monitor excluded this metric from calculation of the final Financial Sustainability Risk Rating in the Risk Assessment Framework.

Key Mitigations & Action Plans

Receivables continue to be monitored closely and escalation plans are in place. Month end balances with BMDC are higher than planned due to the requirement to raise invoices early to ensure payment by the 15th of the month following the novation of the Health Visiting contract from NHS England. All other receivables, as part of current assets, are being monitored weekly and discussions are taking place with Commissioners to ensure outstanding amounts are settled. In addition to the above, rigorous cash management is in place to ensure that the cash balance is brought back in line with plan for March 2016.

In respect of liabilities, discussions continue with NHS Property Services regarding the outstanding charges due to price issues.

Statement of Cash Flows

£000's	Year to Date			YTD	Year End Forecast			Forecast
	Plan	Actual	Variance	RAG	Plan	Actual	Variance	RAG
Surplus (Deficit) from Operations	2,448	2,483	(35)		2,775	2,775		
Operating activities	3,066	3,130	(64)		3,355	3,355		
Movements in working capital	(602)	(2,447)	1,845		773	773		
Investing activities	(4,486)	(4,565)	79		(4,426)	(4,426)		
Financing activities	(1,109)	(539)	(570)		(1,817)	(1,817)		
Opening cash and cash equivalents less bank overdraft	15,931	15,931			15,931	15,931		
Closing cash and cash equivalents less bank overdraft	**15,248**	**13,993**	**1,255**		**16,591**	**16,591**		

Key Risks	Key Mitigations & Action Plans
The cash position for February is £1.3m less than plan. Additionally, reduced income forecast in relation to ITC means that risks remained elevated at the end of February. Movements in Working Capital: The increase in creditors as a result of accounting for prepayments has worsened the working capital position, although the impact will reduce by the financial year end as these balances are utilised.	Daily cash planning and review is in place to ensure the Trust can project bringing the cash position back into line with plan by the year end. This includes the following: • Rigorous chasing of debt and where necessary unpaid debts are escalated for senior management attention. This has already resulted in CHP agreeing to pay their outstanding invoices • Ensuring that all income is billed and paid • Agreeing final value invoices with commissioners for payment in March, including the Local Authority • Securing CQUINS income in March

Financial Sustainability Risk Ratings										
£000's	Year to Date			Q4 End Quarter Forecast			Year End Forecast			RAG Rating (YTD)
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Capital Service Cover										
Revenue Available for Capital Service	5,573	5,653	80	6,194	6,335	141	6,194	6,335	141	
Capital Service	(1,667)	(1,681)	(14)	(1,817)	(1,834)	(17)	(1,817)	(1,834)	(17)	
Capital Service Cover metric	**3.34**	**3.36**	**0.02**	**3.41**	**3.45**	**0.04**	**3.41**	**3.45**	**0**	
Capital Service Cover rating	**4**	**4**		**4**	**4**		**4**	**4**		
Liquidity										
Working Capital for FSRR	7,023	7,584	561	7,526	7,526		7,526	7,526		
Operating Expenses within EBITDA, Total	(113,978)	(116,273)	(2,295)	(124,387)	(126,712)	(2,325)	(124,387)	(126,712)	(2,325)	
Liquidity metric	**20.3**	**21.5**	1	**21.8**	**21.4**	(0.4)	**21.8**	**21.40**	(0.38)	
Liquidity rating	**4**	**4**		**4**	**4**		**4**	**4**		
I & E Margin										
Surplus/(deficit) before impairments, disposal on FA & restructuring costs	1,137	1,139	2	1,346	1,347	1	1,346	1,347	1	
Total operating & non operating income	119,550	121,926	2,376	130,581	133,046	2,465	130,581	133,046	2,465	
I & E Margin % metric	**0.95%**	**0.93%**	-0.02%	**1.03%**	**1.01%**	(0)	**1.03%**	**1.01%**	**-0.02%**	
I & E Margin % rating	**3**	**3**		**4**	**4**		**4**	**4**		
I & E Margin Variance										
I & E Margin	0.95%	0.93%	-0.02%	1.03%	1.01%		1.03%	1.01%	(0)	
I & E Margin variance from plan		-0.02%	-0.02%		-0.02%	(0)		-0.02%	-0.02%	
I & E Margin Variance From Plan Rating	**4**	**3**		**4**	**3**		**4**	**3**		
Financial Sustainability Risk Rating	**4**	**4**		**4**	**4**		**4**	**4**		

Description of Key Metrics

Capital Service Cover: Metric currently weighted at 25% and shows how many times income covers the servicing of capital costs.
Liquidity: Metric currently weighted at 25% and shows how liquid the Trust is in respect of days' operating expense cover.
I & E Margin: Metric currently weighted at 25% and shows normalised surplus as a % of income.
I & E Margin Variance From Plan: Metric currently weighted at 25% and shows I & E Margin actual compared to planned.
Overall Rating: Aggregate rounded average of all metrics.

Key Risks, Mitigations & Actions

The I&E margin % rating is 0.02% below Monitor plan year to date which reflects an amber rating due to the Monitor formula used for variation.

Key risks stem from the requirement to achieve a 1% surplus in month/quarter to maintain a rating of 4 for the I&E Margin metric. However, the Trust does not currently project risks to achievement of the overall FSRR (Financial Sustainability Risk Rating) as sensitivity analysis demonstrates robust plans are in place and cumulatively the Trust expects to retain a FSRR of 4.

Strategic Initiatives - Cost Improvement Programmes

£000's	Expense Category	Year to Date			Q4 In Quarter Forecast			Year End Forecast			RAG
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Impact of strategic initiatives on activity											
NHS Clinical Income		343	98	246	162	33	129	468	117	351	
Trust Reserves Income		(118)	0	(118)	(69)		(69)	(210)		(210)	
Cost Improvement Programmes											
Employee Expense		1,894	1,913	(19)	610	522	89	2,087	2,087	0	
Trust Reserves Pay		(50)		(50)	(108)		(108)	(75)		(75)	
Drugs expense		115	208	(93)	31	59	(28)	126	222	(96)	
Clinical Supplies expense		178	178	0	49	49	0	195	195	0	
Non-clinical Supplies expense		1,007	1,250	(242)	278	400	(122)	1,237	1,383	(146)	
Trust Reserves - Non Pay		(72)		(72)	(19)		(19)	(215)		(215)	
Other Non-Pay Operating Expenses		2,534	2,644	(110)	691	691	0	2,764	2,874	(110)	
Total Strategic Initiatives		**5,832**	**6,291**	**(459)**	**1,627**	**1,754**	**(127)**	**6,376**	**6,877**	**(501)**	

Pay	1,894	1,913	(19)	610	522	89	2,087	2,087	0
Non Pay	3,834	4,280	(446)	1,049	1,199	(150)	4,321	4,673	(352)
Income	343	98	246	162	33	129	468	117	351
Reserves	(240)	0	(240)	(195)	0	(195)	(500)	0	(500)
Total	**5,832**	**6,291**	**(459)**	**1,627**	**1,754**	**(127)**	**6,376**	**6,877**	**(501)**

Key Risks, Mitigations & Action Plans

ATU - Forecast income will be £308k below planned in 2015/16 as a result of the EMT decision on 10th March 2016 to close the additional 4 beds. This will be offset in part by forecast staff and non pay slippage of £32k against plan leaving a potential shortfall of £276k. This will not impact achievement of the £9k CIP which has been substituted.

ITC – The ITC CIP performance is reviewed by the Change Programme Board each month. The Trust forecasts a gross shortfall of 1,749 occupied bed days (approximately 10 complete admission packages) compared to plan and resulting in a £1,020k shortfall of income for the year. The shortfall in income will be partially offset by forecast staff and non pay slippage of £161k leaving a total shortfall of £859k, of which £351k relates to the CIP. The CIP shortfall will be offset by substitution schemes and over delivery of savings from drugs and FP10's of £95k, VAT non-recurrent of £110k and travel costs of £146k. The CIP high risk reserve remains unused for release in quarter 4.

Cost Improvement Programmes

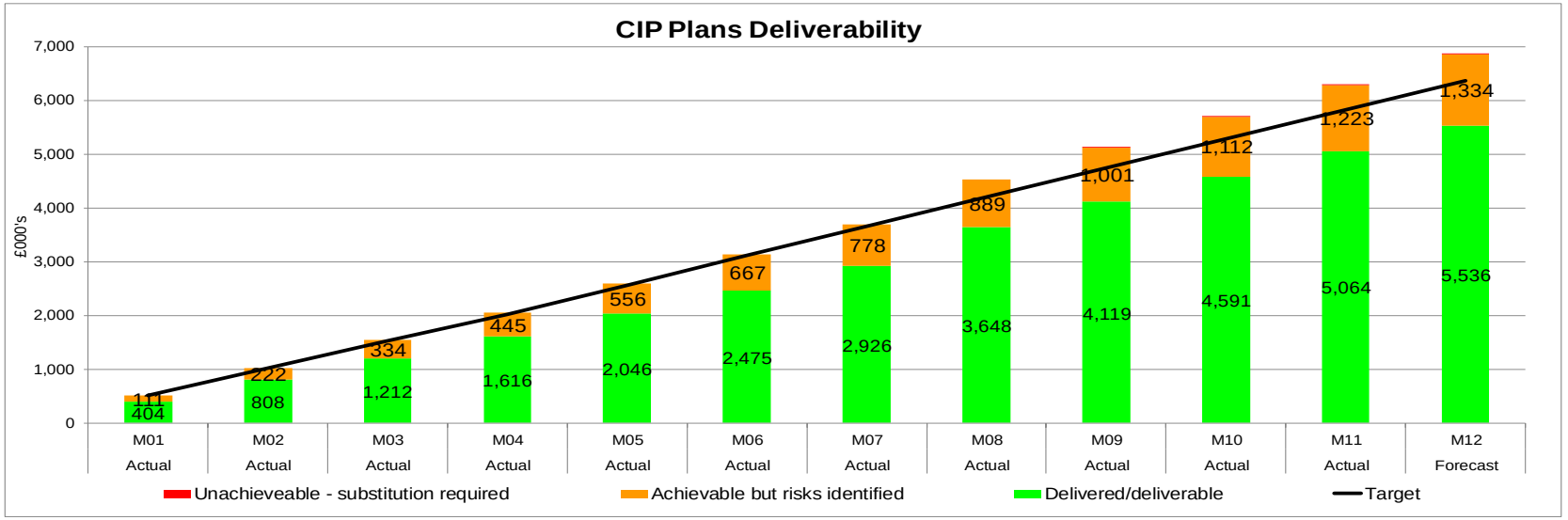
£000's	Year to Date			Q4 In Quarter Forecast			Year End Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Programme 1									
Pay	784	784	0	214	214	0	856	856	0
Non Pay	358	493	(135)	98	130	(32)	390	537	(146)
Total	**1,142**	**1,277**	**(135)**	**311**	**344**	**(32)**	**1,246**	**1,392**	**(146)**
Programme 2									
Pay	46	46	0	13	13	0	50	50	0
Non Pay	1,853	1,853	0	533	533	0	2,031	2,031	0
Total	**1,899**	**1,899**	**0**	**545**	**545**	**0**	**2,081**	**2,081**	**0**
Programme 3									
Income	412	98	315	162	33	129	468	117	351
Total	**412**	**98**	**315**	**162**	**33**	**129**	**468**	**117**	**351**
Programme 5									
Pay	1,083	1,083	0	295	295		1,181	1,181	
Non Pay	1,730	1,934	(203)	508	536	(28)	1,900	2,105	(205)
Total	**2,813**	**3,017**	**(203)**	**803**	**831**	**(28)**	**3,081**	**3,286**	**(205)**
High Risk CIP Reserve									
Pay	(69)	0	(69)	(19)	0	(19)	(75)	0	(75)
Non Pay	(179)	0	(179)	(107)	0	(107)	(215)	0	(215)
Income	(187)	0	(187)	(69)	0	(69)	(210)	0	(210)
Total	**(435)**	**0**	**(435)**	**(195)**	**0**	**(195)**	**(500)**	**0**	**(500)**
Pay	1,844	1,913	(69)	503	522	(19)	2,012	2,087	(75)
Non Pay	3,762	4,280	(518)	1,031	1,199	(168)	4,106	4,673	(566)
Income	225	98	128	93	33	60	258	117	141
Grand Total	**5,832**	**6,291**	**(459)**	**1,627**	**1,754**	**(127)**	**6,375**	**6,876**	**(500)**

ATU Income & Expenditure and Occcupancy 2015/16 as at M11

ATU (Additional 4 beds) - £000's					
Income & Expenditure and CIP Target Planned	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income			(155)	(153)	(308)
Pay & Non Pay Expenditure			70	70	141
Planned surplus			(85)	(83)	(167)
Planned Income only CIP			(5)	(5)	(9)
Income & Expenditure and CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income					
Pay & Non Pay Expenditure			34	75	109
Forecast surplus			34	75	109
Forecast Income only CIP achievement			(5)	(5)	(9)
Variance to CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income			155	153	308
Pay & Non Pay Expenditure			(37)	5	(32)
Forecast surplus			118	158	276
Forecast Income only CIP achievement					
Bed Days & Admissions Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Occupied Bed Days - Forecast					
Admissions					
Discharges					

ITC Income & Expenditure and Occcupancy 2015/16 as at M11

ITC (Additional 12 beds) - £000's					
Income & Expenditure and CIP Target Planned	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income	(4)	(393)	(599)	(593)	(1,589)
Pay & Non Pay Expenditure	164	340	367	367	1,238
CIP / Surplus	160	(53)	(232)	(226)	(351)
Income & Expenditure and CIP Target - Actual & Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income		(127)	(178)	(264)	(569)
Pay & Non Pay Expenditure	161	307	338	272	1,077
CIP / Surplus	161	180	160	8	508
Planned CIP Unachieved	1	87	132	131	351
Variance to CIP Target Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Income	4	266	421	329	1,020
Pay & Non Pay Expenditure	(3)	(33)	(29)	(95)	(161)
CIP / Surplus	1	233	392	234	859
Bed Days & Admissions - Actual & Forecast	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Occupied Bed Days		209	297	439	945
Admissions		5	1	4	10
Discharges		(1)	(2)	(1)	(4)

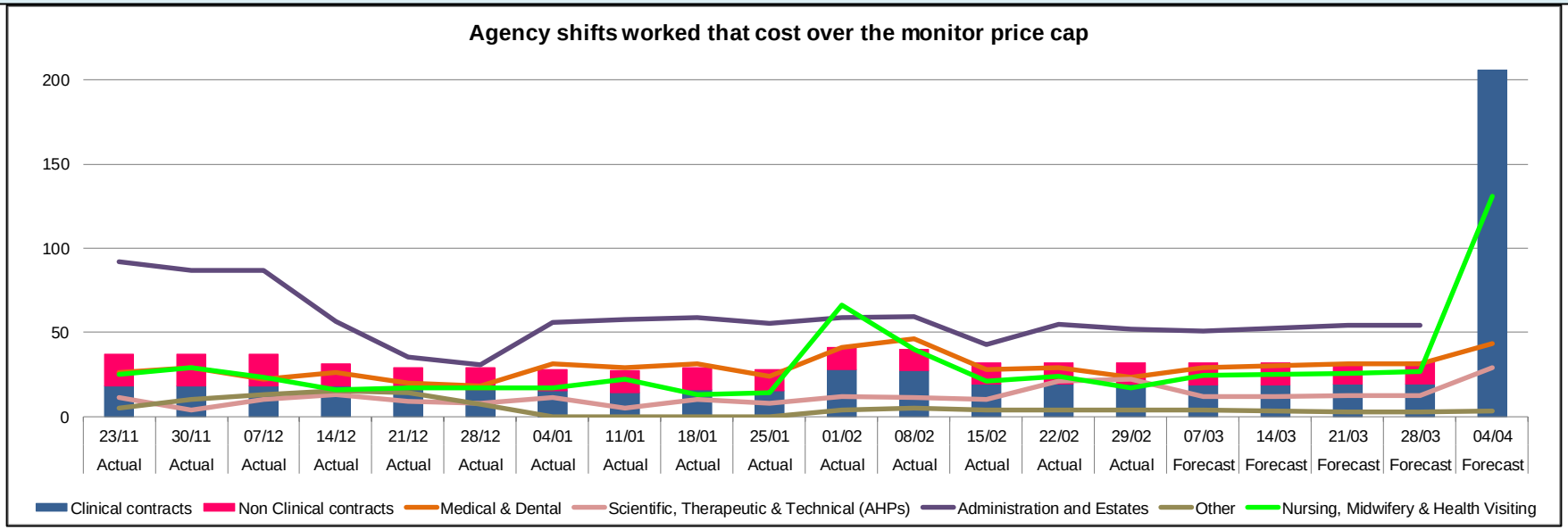


Current Status, Key Risks & Mitigations	Current Status, Key Risks & Mitigations
Programme 1 : Achieving integrated community health care. Whilst expected to achieve in full for 2015/16, increased Agile savings required in future years represent a forward financial risk. This 2016/17 risk requires close monitoring of turnover and vacancies via Change Programme Board and may include substitution following Meridian Productivity work to achieve.	**Programme 4 : Developing new services to enhance care pathways.** Programme 4 commences in 2016/17 however it is expected that Liaison Psychiatry and Dementia targets will require substitution as part of the annual business planning cycle. Further work is required to confirm or replace these anticipated new service developments.
Programme 2 : Meeting the need for 24/7 Adult & Older people's mental health care. Delays in the closure of **Ward 24** will be offset by savings in capital charges from delayed opening of the organic ward. **Out of area placement** costs of £137k were incurred to February due to **7** PICU admissions, however these costs will be recharged to commissioners. Actions to manage OOA risks remain robust as occupancy and assessment processes appear well-embedded.	**Programme 5 : Enabling strategic change**. The IM&T strategy has delivered the price reduction element of the CIP but there is a financial risk that the cost of services with is greater due to the use of agency staff pending a staffing restructure and review of IM&T provision options. A revised IM&T strategy is being drafted for Board to mitigate agency over spending, manage service risks and deliver the digital environment described in the IBP.
Programme 3 : Extending the inpatient care portfolio. The ITC had 6 beds occupied as at the end of February with 1 further client forecast for admission in March. The programme has been risk evaluated at the Change Programme Board. A forecast CIP shortfall of £351k for the full year is currently forecast to be offset by substitutions and over achievement of other schemes. The ATU scheme will now not achieve the income CIP which will also be offset by substitutions.	**High Risk Reserve**. The high risk reserve currently is forecast to be released in quarter 4 as there is no current requirement..

Capital Expenditure								
£000's	Year to Date			YTD RAG	Year End Forecast			Forecast RAG
	Plan	Actual	Variance		Plan	Actual	Variance	
Capital expenditure								
Plant and equipment - Information Technology	413	465	(52)		417	427		
Plant and equipment - Other	221	111	110		119	111		
Property, plant and equipment - other expenditure	2,411	2,304	107		2,778	2,735		
Total	**3,045**	**2,879**	**165**		**3,314**	**3,273**	**41**	
Capital expenditure funding sources								
Disposal Proceeds (pure cash flows)					275			
Depreciation	3,075	3,130	(55)		3,355	3,355		
Other	(31)	(251)	220		(316)	(82)		
Total	**3,045**	**2,879**	**165**		**3,314**	**3,273**	**41**	

Key Risks	Key Mitigations & Action Plans
Property Maintenance Expenditure: In year capital programme pressures have been identified relating to 1. Requested First Response/IHTT/DN Out of Hours team integration and relocation at LMH Management suite 2. Failure of the heating main at LMH causing water loss and requiring repair 3. Inpatient Ward anti climb precautions.	First Response/IHTT/DN Out of Hours relocation and integration is now complete. The repair to the heating main at Lynfield Mount has been completed and the anti-climb precautions work is underway and progressing according to plan. Work on the Moorlands View refurbishment is progressing in line with the CPIG approved plan.
Plant and Equipment (Other): All the items have now been received.	
Disposal Proceeds: The planned disposal of land at Green Lane/Thornton Road in 2015/16 will not be achieved. The Trust has continued to meet with the local planning officer and has discussed potential options regarding the planning application. Further information is being provided by the Trust and once this has been updated by the council, the next steps will be discussed with the case officer.	The Trust requested legal advice from the Trust's solicitors and has subsequently liaised through our planning and heritage consultants to meet the appropriate council officers to understand the way forward. The heritage report was received on schedule and is being shared with council officers on an informal basis initially.
Capital underspend against plan – CPIG continues to discuss any projected under spending and to agree actions for the management of this position.	The February CPIG agreed to fund various emerging pressures due to property damage to help mitigate projected under spending on capital.

Monitor Agency Price Cap



Key Risks, Mitigations & Action Plans

Monitor introduced price caps for all agency staff from the 23rd November 2015. The price cap rates for clinical staff will reduce in 2 stages – from 1st February 2016 and 1st April 2016. The purpose of the caps is to provide assurance that the Trust is paying a reasonable price for agency staff.

There is an escalation procedure for approval of agency staff above price cap however, patient safety is the only acceptable reason why the Trust potentially would not comply with the Monitor price caps going forward.

All agency suppliers will be contacted in writing in February to request that Monitor price cap thresholds are applied, and where the agency caps will not be observed that BDCFT are informed.

Where suppliers are resisting compliance with the cap thresholds, HR will review the market for alternative suppliers who are compliant. In the short term, non compliant agencies will be approached to start negotiations on the rates to bring them nearer to the cap, in the medium term substantive recruitment will be explored for budgeted positions.

Furthermore, the staff bank, overtime, peripatetic teams and new e-rostering system should reduce the need for agency staffing in Nursing, Midwifery and Health Visiting.